Arbitrator's Biographical Information Form Update New Request		
Name:		
Address:		
Address.		
Phone No.: Fax No.:	E-mail address:	
Arbitrator's Firm Name:		
Legal Association Memberships:		
Are you a member of WSAJ/WSTLA?		
Are you a member of WDTL?		
Are you a member of both the above?		
If none of the above, do you represent mostly plaintiffsor defendants in your practice?		
Other relevant association memberships? (Please do not include WSBA.)		
WA Bar Admission Year:		
Trial Experience within last 5 Yea	s Percentage of Practice by Category (15% of your practice shoul fall within at least one of these four general categories):	
Collection/Contract		
Other Commercial		
Personal Injury/Tort		
Real Property/Land Use		
Areas of Specialization in Your Practice: (Please check those that apply)		
Bankruptcy	Consumer Protection	
Class action	Employment/Labor	
Contract	Legal Malpractice	
Insurance	Administrative law	
Admiralty	Constitutional law	
Construction	Trusts/Estates	
Insurance	Elder Law/Guardianship	
Intellectual Property	Animal law	
Corporations/Business	Tort - Motor Vehicle	
Organizations		
Foreclosure	Product Liability	
Securities	Landlord/tenant	
Tax	Real Property/Land use	
No. of Times Arbitrator has serve		

1 Return to: Arbitration Department, King County Superior Court, 516 Third Avenue, Seattle, WA 98104, <a href="mailto:mai

OATH OF ARBITRATOR (New applicants only.)	
I,being first duly sworn, upon my oath do affirm, that I will support the	
Constitution of the United States and the duties of arbitrator of the Superior Court of the State of Washington to	
the best of my abilities	
Signature of applicant	
Subscribed and sworn to me this day of, 20	
Notary Public in and for the State of Washington residing at,	
My commission expires	